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APPLICANTS			(
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** CONTINUING	DATA	······································								
** FOREIGN APPLICATIONS ************************************										
IF REQUIRED, F ** 03/23/2004	OREI	IGN FILING LICENSE (GRANTE	ED .					<u> </u>	
Foreign Priority claimed yes no 35 USC 119 (a-d) conditions yes no Met after Allowance Verified and Acknowledged Examiner's Signature Initials			STATE OR COUNTRY AUSTRIA	SHEETS DRAWING 4		TOTA CLAII 31	MS	INDEPENDENT CLAIMS 5		
ADDRESS 24197 KLARQUIST SPA 121 SW SALMON SUITE 1600 PORTLAND, OF 97204	N STF									
TITLE Fast-fit coupling f hose	or co	nnecting appliances for	ming pa	rt of a medical	or surg	ical ha	ndpiece	syster	n to a supply	
						☐ All Fees				
		FEES: Authority has been given in Paper No to charge/credit DEPOSIT ACCOUNT					1.16 Fees (Filing)			
							1.17 Fees (Processing Ext. of time)			
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